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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Raymond Crowther

CV

08

1981

Plaintiff,

vs.

Superior Court of California  
County of San Mateo Defendant.  
Etc...

CASE NO. \_\_\_\_\_

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

CW

(PR)

I, Raymond Crowther, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes        No       

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 IN 2003

5 \$ 11.70 per Hrs

6  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes        No ✓  
 10 self employment  
 11 b. Income from stocks, bonds, Yes        No ✓  
 12 or royalties?  
 13 c. Rent payments? Yes        No         
 14 d. Pensions, annuities, or Yes        No         
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes ✓ No         
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 3. Are you married? Yes        No ✓

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

1                   b. List the persons other than your spouse who are dependent upon you for  
 2                   support and indicate how much you contribute toward their support. (NOTE:  
 3                   For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                   THEIR NAMES.).

5                   \_\_\_\_\_

6                   \_\_\_\_\_

7                   5. Do you own or are you buying a home? Yes        No ✓

8                   Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

9                   6. Do you own an automobile? Yes        No ✓

10                  Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11                  Is it financed? Yes        No        If so, Total due: \$ 0

12                  Monthly Payment: \$ 0

13                  7. Do you have a bank account? Yes        No ✓ (Do not include account numbers.)

14                  Name(s) and address(es) of bank: \_\_\_\_\_

15                  \_\_\_\_\_

16                  Present balance(s): \$ 0

17                  Do you own any cash? Yes        No ✓ Amount: \$ \_\_\_\_\_

18                  Do you have any other assets? (If "yes," provide a description of each asset and its estimated

19                  market value.) Yes        No ✓

20                  \_\_\_\_\_

21                  8. What are your monthly expenses?

22                  Rent: \$ 0 Utilities: \_\_\_\_\_

23                  Food: \$ 0 Clothing: \_\_\_\_\_

24                  Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
------------------------	------------------------	---------------------------------

26                  \$ 0 \$ 0

27                  \$ 0 \$ 0

28                  \$ 0 \$ 0

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 No  
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes        No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

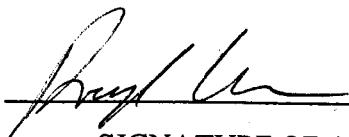
9  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 4 - 20 - 2008

17 DATE



18  
19  
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28  
SIGNATURE OF APPLICANT

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SAN QUENTIN PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 31, 2007 THRU APR. 03, 2008

ACCOUNT NUMBER : V79553  
ACCOUNT NAME : CROWTHER, RAYMOND  
PRIVILEGE GROUP: U  
BED/CELL NUMBER: G 0000000000046  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

DATE PLACED	HOLD CODE	CURRENT HOLDS IN EFFECT			COMMENT	HOLD AMOUNT
		DESCRIPTION				
12/21/2007	H106	UNITED PARCEL SERVICE HOLD			2499 POST	4.46
TRUST ACCOUNT SUMMARY						
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED	
0.00	0.00	0.00	0.00	4.46		4.46-

Attn: Please See The Attach

Last Two Pages For Information  
Regarding Trust Account Certificate

United State District Court

Case # CV-08-1981 CW

PR

Dated

4-20-2008

Sign. X Rayl Crow

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region	Log No.	Category
1. _____	1. _____	_____
2. _____	2. _____	_____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME: <u>Raymond Crowther</u>	NUMBER: <u>V79553</u>	ASSIGNMENT: <u>Reception Center</u>	UNIT/ROOM NUMBER: <u>Gym 46</u>
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A. Describe Problem: I must have the attach Certificate of my Trust Account stamp and sign as soon as possible. Please

I tried to get this done. But for some reason I can't have a dead line to meet with the U.S. District Court. my U.S. District Court Case # CV-08-1981 CW(PR)

I have also serve copy of this CDCR Inmate Appeal 602 Form on the U.S. District Court.

See the attach Proof of Service by mail

If you need more space, attach one additional sheet.

B. Action Requested: Could I please have the attach Certificate stamp sign and return to me as soon as possible

Inmate/Parolee Signature: Raylun

Date Submitted: 4-20-2008

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: \_\_\_\_\_

CDC Appeal Number: \_\_\_\_\_

CDC 602 (12/87)

## **DECLARATION OF SERVICE BY MAIL**

I, Raymond Crowther, the undersigned, declare:  
Printed Name of Declarant

I am over the age of 18 years, a citizen of the United States of America, and am not a party to the cause within. My residence address is:

CDC No. V79553 Housing Gym 46  
San Quentin State Prison  
San Quentin, CA 94974

On 4 20, 2008, I served the following document(s):

California Department of Correction Form 602

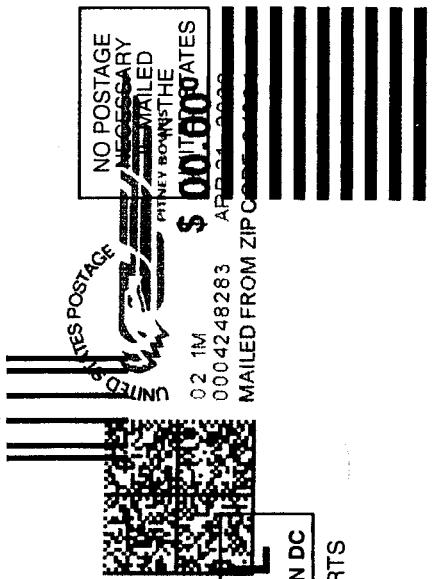
on the parties and at the addresses described below by placing the pleadings in a sealed envelope, with postage fully prepaid, and presented said item(s) to Corrections Department staff for mailing in the United States Mail as per the rules and regulations governing outgoing legal mail at San Quentin State Prison.

Appeals Coordinator San Quentin State Prison San Quentin CA 94974	U.S. District Court 450 Golden Gate Ave San Francisco CA 94602
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I swear under penalty of perjury that the foregoing is true of my own personal knowledge. Executed on this 20<sup>th</sup> day of April ( 2008 ), at San Quentin, CA, County of Marin.

 Signature of declarant

Raymond Crowther  
CDC # V79553  
San Quentin State Prison  
San Quentin CA 94974



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680